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Sib Data Sheet

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APPLICANTS

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2165

** CONTINUING DATA *****

None TM

** FOREIGN APPLICATIONS *****

None TM

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 03/05/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NH	SHEETS DRAWING 4 /	TOTAL CLAIMS 15	INDEPENDENT CLAIMS 2 /
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>Tom</i> <i>JM</i> Examiner's Signature Initials				

ADDRESS

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✓ 15 ✓ ✓

TITLE

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FILING FEE RECEIVED 840	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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